ABNORMAL INVOLUNTARY MOVEMENTS SCALE (AIMS)

RATING SCALE: 0 = none, 1 = minimal may be extreme normal, 2 = mild, 3 = moderate, 4 = severe

Rate highest observed. Movements that occur upon activation should be rated one less than those observed spontaneously.

Dentures present? Y N Current problems with teeth/dentures? Y N

			Date	 Date	 Date	 Date	Date
			Clinician Initials				
1.	Muscles of facial expression (mvts. of forehead, eyebrows, periorbital area)		01234	01234	01234	01234	01234
2.	Lips and perioral area (puckering, pouting, smacking, cheeks)		01234	01234	01234	01234	01234
3.	Jaw (biting, clenching, chewing, mouth opening, lateral movements)		01234	01234	01234	01234	01234
4.	Tongue – rate only movements both in & out of mouth, NOT ability to sustain movement		01234	01234	01234	01234	01234
5.	Upper Extremites – do not include tremor (arms, wrists, hands fingers)		01234	01234	01234	01234	01234
6.	Lower Extremites (legs, knees, ankles, toes)		01234	01234	01234	01234	01234
7.	Trunk (neck, shoulders, hips)		01234	01234	01234	01234	01234
		SUB-TOTAL (add scores 1-7)					
1.	Incapacitation by abnormal movements		01234	01234	01234	01234	01234
2.	Patient awareness of abnormal movements – rate only patients report (0 = not aware; 1 = aware, no distress; 2 = aware, mild distress; 3 = aware, moderate distress; 4 = aware, severe distress)		01234	01234	01234	01234	01234
3.	Overall Severity of Abnormal Movements		01234	01234	01234	01234	01234
		TOTAL OF ALL SCORES					

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Name: MIS#:

Agency: Provider #:

Los Angeles County - Department of Mental Health